



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

PSYCHOLOGICAL ASSISTANT REPORT OF RELEASING SUPERVISOR

INSTRUCTIONS

WHEN AND HOW TO SUBMIT THIS FORM

This form is required whenever a current Psychological Assistant/Supervising Psychologist affiliation (business relationship) terminates (or releases). Termination of affiliations may occur at any time for a multitude of reasons and must always be reported to the Board. In addition to reporting the supervisory change, this form also documents the duties performed and the hours of post-doctoral supervised experience gained during the period that the Psychological Assistant was under the releasing Psychologist's supervision. **This form must be completed and signed by the Supervising Psychologist.** Submit this form when:

- **An affiliation change occurs during the Psychology renewal period (May 1 - September 30 of odd years)** - The Psychological Assistant must submit this **signed** form with his/her online renewal application. During the online renewal, the Psychological Assistant is asked to verify if the supervisor listed in the renewal application is correct. If the supervisor is not correct, the Psychological Assistant must upload this **signed** form. The renewal application will be "on hold" until the Board Office processes the release. A Psychological Assistant cannot practice without a supervisor.
- **An affiliation change occurs any other time outside of the Psychology renewal period (May 1 - September 30 of odd years)** - The Psychological Assistant or the Supervising Psychologist must submit this **signed** form through a Service Request - Manage Affiliations. To submit a Service Request, you must first create and log into your DELPROS user account. Click on the Service Request link in the dark blue banner at the top of the page on Your Dashboard and follow the instructions for a Manage Affiliations Service Request for the Psychological Assistant particular license.

Do not submit this form when the business affiliation between Psychological Assistant and Supervising Psychologist initially begins or when a Psychological Assistant acquires a new or additional Supervisor. This kind of change requires the initial or new Supervising Psychologist to complete, sign, and upload a **Psychological Assistant Report of Initial or New Supervisor** form in DELPROS online portal. This form is located on the forms webpage.

In addition to reporting the supervisory change, this form documents the duties performed and the hours of post-doctoral supervised experience gained during the period that the Psychological Assistant was under the releasing Psychologist's supervision.

See Section 9 of the Board's [Rules and Regulations](#) for full details on supervision of Psychological Assistants.

Upload this form in DELPROS online portal (the instructions above explain how and when)

PSYCHOLOGICAL ASSISTANT INFORMATION

Full Name: _____ DE License #: **B2** - _____

RELEASING SUPERVISOR INFORMATION

1. Supervisor's Full Name: _____
2. Supervisor's Title: _____ Degree: _____
3. Delaware License Number: **B1** - _____ Issue Date: _____
4. Practice Address: _____

City State Zip
5. Phone(s): _____ Email: _____
6. Supervision Start Date: ____/____/____ Completion Date: ____/____/____

VERIFICATION OF ASSISTANT'S POST-DOCTORAL PROFESSIONAL EXPERIENCE

7. During the period you supervised the Psychological Assistant, what was his or her professional identity?

- ☐ Psychologist ☐ Psychological Intern
☐ Registered/Certified Psychologist ☐ Trainee
☐ Registered Psychological Assistant ☐ Other: Specify: _____

8. Did you provide professional services at least 50% of the time in the same work setting where the applicant was gaining supervised professional experience? Yes ☐ No ☐

9. Describe *in detail* the training program and/or psychological duties the Psychological Assistant performed under your supervision.

10. I would rate this Psychological Assistant's performance while under my supervision as (check one):

- ☐ Acceptable ☐ Not Acceptable ☐ Unable to Evaluate

11. Provide the following information about the hours that the Psychological Assistant worked under your supervision. Note that the hours you enter must be exact *numbers*.

LOCATION OF SUPERVISION	DATES (month/day/year)		TOTAL WEEKS WORKED	HOURS WORKED PER WEEK	TOTAL HOURS WORKED FOR ENTIRE PERIOD	HOURS OF DIRECT CLINICAL SERVICE PER WEEK	TOTAL HOURS OF DIRECT CLINICAL SERVICE FOR ENTIRE PERIOD
	From	To					

12. Provide a detailed breakdown of each type of supervision. *Note that the TOTAL must meet requirements of Section 7.2 of the [Rules and Regulations](#):*

FORMAT OF SUPERVISION	HOURS PER WEEK
Individual Supervision:	
Group Supervision:	
Other Supervision – specify: _____	
TOTAL	

AFFIDAVIT

I hereby acknowledge that I have read the Delaware psychology statute and Rules and Regulations pertaining to the psychological assistants and agree to provide the information required. I further swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Supervisor Signature: _____ Date: _____

UPLOAD THIS DOCUMENT INTO DELPROS ANYTIME THERE IS A RELEASE OF SUPERVISION